EXHIBIT A

AT\$4344863

LOW COST LIFE INSURANCE RATES!

Rates quoted are monthly and are preferred 10 year level term plans. Other insurance amounts available Carriers rated A or better by AM Best. You may qualify for a <u>lower</u> rate!

	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Female	Rates			, , , , , , , , , , , , , , , , , , , ,	Male	Rates	
Age	\$100,000	\$250,000	\$500,000	\$1,000,000	Age	\$100,000	\$250,000	\$500,000	\$1,000,000
35	\$10	\$11	\$16	\$24	35	\$11	\$12	\$18	\$28
40	\$11	\$12	\$19	\$31	40	\$12	\$14	\$22	\$32
45	914	919	931	\$50	45	\$1.5	920	⊕ 34	950
50	\$20	\$26	\$45	\$76	50	\$23	\$30	\$53	\$89
55	\$27	\$34	\$61	\$112	55	\$34	\$45	\$83	\$151
00	330	\$40	\$60	\$136	ďO	331	309	3131	3243
65	\$3/	\$/4	3142	\$454	เกว	\$84	\$11/	\$229	\$4.24
70	\$104	\$171	\$336	\$537	70	\$142	\$224	\$441	\$816
75	\$205	\$413	\$821	\$1,441	75	\$249	\$432	\$858	\$1,586

Longer term periods and permanent insurance available Great Smaker rates available
Ask about return of Premium at the end of term period
For a personalized quote, complete the information below and

FOR A FREE QUOTE PLEASE FAX THIS FORM TO:

(713) 554-9683

You will be contacted by a licensed insurance broker								
Name	M/F	_Date of Birth:	Tobacco Uge: Y N					
Spouse/Partner	M/F	Date of Birth	Tobacco Use: Y N					
Address		City						
State Zip Code	E-mail	· · · · · · · · · · · · · · · · · · ·						
Home Phone	Cell Phone							
Work Phone	, Fax	Best time to call						
Insurance Desired \$ Amount Spouse/Partner \$								
Term: 10 yrs 15 yrs 20 yrs 30 yrs Permanent Height Weight Spouse Height Weight								
Health: Excellent Good Average Poor Comments								
Do you have an IRA? Yes No Do yo	ou have an annuity? Ye	s No Doyonhay	e a 401K/403B? Yes No					
l understand this form is an inquiry correspondence I receive about t								
Signature		Date						
	To unsubscribe, ple	ase FAX your rec	uest to					

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